

Refer to:
MB:JF
MO WA 40190.90

May 31, 2001

Dana Katherine Martin, Director
Department of Social Services
Broadway State Office Building
PO Box 1527
Jefferson City, Missouri 65102

Dear Ms. Martin:

I am pleased to inform you that your request to renew the Missouri Medicaid home and community-based service (HCBS) waiver that serves the Physically Disabled, control number 40190.90, who would otherwise require care in a Nursing Facility, is approved.

This waiver renewal is for a five-year period effective July 1, 2001. The renewal does not make any changes in services or the manner in which the services are to be provided.

The costs shown in Factors G, G prime, D and D prime support the cost effectiveness of this waiver. This waiver continues to provide Specialized Medical Equipment and Supplies, Private Duty Nursing and Attendant Care.

We conclude that the information provided in the renewal request and in any additional clarifications supplied conforms to the requirements of the statute and regulations. Therefore, I approve the request for a renewal of the waiver effective July 1, 2001, for an additional five-year period.

The following estimates of utilization and cost of waiver services for renewal years one through five are approved:

	<u>C</u>	<u>x</u>	<u>D</u>	<u>Total</u>
Year 1 (07/01/01-06/30/02)	32		\$77,235.77	\$2,471,544
Year 2 (07/01/02-06/30/03)	42		\$78,946.85	\$3,315,767
Year 3 (07/01/03-06/30/04)	52		\$80,859.32	\$4,204,684
Year 4 (07/01/04-06/30/05)	62		\$82,876.06	\$5,138,315
Year 5 (07/01/05-06/30/06)	72		\$84,990.20	\$6,119,294

If you should have any questions, please contact Judith Flynn at (816) 426-3406.

Sincerely,

Joe L. Tilghman
Regional Administrator

cc: Greg Vadner
Debbie Shockley
Judith Flynn

bcc:
HCBS Waiver Team
Mary Jean Duckett
Luce
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